

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-033300

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **317**

Primary Registration District No. **547**

Registrar's No. **2308**

FILED AUG 20 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Richmond Heights

Length of stay in 1b

Days

c. FULL NAME OF (If NOT in hospital, give location)

St. Mary's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☒

c. CITY

OR TOWN

Webster Groves, Mo.

d. STREET ADDRESS

(If outside, give location)

940 Providence Ave.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Ralph

Middle

Milton

Last

Vosburgh

4. DATE OF DEATH

Month

August

Day

Year

1962

5. SEX

M.

6. COLOR OR RACE

W.

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/4/98

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Accountant

10b. KIND OF BUSINESS OR INDUSTRY

Inter. Nat'l. Shoe

11. BIRTHPLACE (City and state or country)

Rochester, N. Y.

12. CITIZEN OF WHAT COUNTRY

USA.

13a. FATHER'S NAME

Frank Vosburgh

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

Dorothy F. Vosburgh

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) **yes**

(If yes, give war or dates of service) **WW I**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Dorothy Vosburgh, 940 Providence

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Lymphosarcoma

INTERVAL BETWEEN ONSET AND DEATH

4 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK

☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

☐

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

7/30/62

to **Death**

and last saw him alive on

8/8/62

Death occurred at

5254

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John M. McLeary MD

22b. ADDRESS

4161 Lindeell Blvd

22c. DATE SIGNED

8/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

8/9/62

23c. NAME OF CEMETERY OR CREMATORY

Union Cemetery

23d. LOCATION (City, town, or county)

Columbus Ohio.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Parker-Aldrich, Webster Groves, Mo.

25. DATE RECD. BY LOCAL REG.

8-9-62

REGISTRAR'S SIGNATURE

John B. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Wabster Grove Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.